URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1960

-60-040580
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3167

ENDED

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Manchester — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Straub & Clayton Rd. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Ottavia Middle: Last: Hennessy

4. DATE OF DEATH Month: Oct. Day: 31, Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-21-~~1885~~ 1892
9. AGE (last birthday): ~~75~~ 68
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: ANDREW J. ~~HENNESSY~~ Smith
13b. MOTHER'S MAIDEN NAME: HATTIE N. CHELLET
14. NAME OF HUSBAND OR WIFE: James F. Hennessy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Muriel Phillips, Address: Manchester Mo Rt 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxemia — INTERVAL BETWEEN ONSET AND DEATH: hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Peritonitis Bile. — days
DUE TO (c): Perforated Duodenal ulcer. — days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bowel obstruction due to Volvulus — Hydronephrosis right.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/27/60, to 10-31-60 and last saw her alive on 10/30/60
Death occurred at 5:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William D. McKeever Jr.
22b. ADDRESS: 7811 Carondelet-Clayton 5, Mo.
22c. DATE SIGNED: 11-1-60.

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11-3-60
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: SCHRADER, ADDRESS: Ballwin Mo.
25. DATE RECD. BY LOCAL REG.: 11-1-60
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

12/5/60 12/5/60
75 Andrew J. Hennessy DOCUMENT
68 Andrew J. Smith funeral director
9 13a BY AFFIDAVIT OF

US JAN 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Richard Popp
Signature of Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Baldwin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.